



## 2003 Registration Form

Please complete each box and mail the form to your local Child Care Resource and Referral Agency.  
(See the Contact List on the Course Schedule sheet for contact information.)

Name: \_\_\_\_\_  
Agency/ School/Facility: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Please refer to the HeadsUp! Reading Sites in Missouri for the following section:**

Site Preferred: \_\_\_\_\_  
Number: \_\_\_\_\_  
City: \_\_\_\_\_

If you wish to register for the entire course, please check **Entire Course**. You may also select Session A or B. Otherwise, please check all sessions you will attend. Please consider taking the Entire Course.

<input type="checkbox"/> <b>Entire Course</b>		
<input type="checkbox"/> Session A	<input type="checkbox"/> February 13, 2003	<input type="checkbox"/> April 3, 2003
<input type="checkbox"/> Session B	<input type="checkbox"/> February 20, 2003	<input type="checkbox"/> April 10, 2003
<input type="checkbox"/> January 16, 2003	<input type="checkbox"/> February 27, 2003	<input type="checkbox"/> April 17, 2003
<input type="checkbox"/> January 23, 2003	<input type="checkbox"/> March 6, 2003	<input type="checkbox"/> April 24, 2003
<input type="checkbox"/> January 30, 2003	<input type="checkbox"/> March 20, 2003	<input type="checkbox"/> May 1, 2003
<input type="checkbox"/> February 6, 2003	<input type="checkbox"/> March 27, 2003	<input type="checkbox"/> May 8, 2003

Indicate Position: (Check all that apply.)

- ☐ Teacher
- ☐ Director/Administrator
- ☐ Family Services/ Family Support Worker
- ☐ Parent with Child(ren) Enrolled in an Early Childhood Program
- ☐ Parent Educators
- ☐ Related Service Provider
- ☐ Assistant Teacher/Aide/ Paraprofessional
- ☐ Trainer/Coordinator/Supervisor
- ☐ College Faculty in Early Childhood
- ☐ Other

**Please complete both sides of this form.**

Indicate Work Setting: (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Head Start           | <input type="checkbox"/> K-12                |
| <input type="checkbox"/> Child Care Center    | <input type="checkbox"/> Public School       |
| <input type="checkbox"/> Family Child Care    | <input type="checkbox"/> Parents As Teachers |
| <input type="checkbox"/> Pre-K                | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Special Needs- Pre-K |  |

If working in head start and/or child care, indicate type of program: (Check all that apply.)

- ☐ Licensed (**All Head Start Programs are Licensed.**)
- ☐ License Exempt
- ☐ Non-Regulated
- ☐ Accredited

**Please include your license number:** \_\_\_\_\_

If working in child care and/or head start, does your agency accept children whose fees are partially or fully covered by the DFS subsidy program?

- ☐ Yes
- ☐ No

**If yes, approximately how many of the children you serve receive subsidized care?** \_\_\_\_\_

**How many total children do you serve?** \_\_\_\_\_

If a Special Needs Provider, indicate funding source:

- ☐ First Steps
- ☐ ESCE
- ☐ Title 1
- ☐ Kindergarten-level Special Education
- ☐ Other: \_\_\_\_\_

Age Group Working With: (Check all that apply.)

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Infants  | <input type="checkbox"/> Age 4  |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Age 5  |
| <input type="checkbox"/> Age 3    | <input type="checkbox"/> Age 5+ |

Reason for Taking Course:

- ☐ College Credit
- ☐ Continuing Education Units
- ☐ Child Development Associate—Non-college credit
- ☐ Training Hours
- ☐ Other: \_\_\_\_\_

To assess the impact of HeadsUp! Reading, we ask registrants to consider participating in an evaluation of the course. Participation requires little time; and all collected information is confidential. Evaluation participants will receive children's books for their cooperation.

☐ Please contact me about participating in the evaluation. This is not a commitment to participate but a request for more information.

☐ Please do not include me in the HeadsUp! Reading evaluation.

**Registrants who do not check either of the above options will be contacted.**